

PERSONAL	IN	FORMA	TION														
LAST NAME			FIRST NA	AME			M.I.			OCIA	L SEC	URITY	NUM	BER			
MAILING ADDRESS	5						CITY			'	STA	ATE	Z	IP COE	DE		
HOME PHONE NUM	1BER				WORK OF	R MOE	SILE PHO	NE NUN	MBER					GENI	DER		
PERSONAL EMAIL	ADDR	ESS															
BIRTHDATE (MM-D	D-YY] - [FORMER	LAST	NAME(S)				HIG	SHEST	EDUC	ATION	IAL DI	EGREE	
It is the responsibi Certification Office. Contact informat	lity of . All n	the applica ame change	es must be	e supporte	ent informa ed with a p	ation, ohotoc	including opy of th	name e legal	docur	ment v	verify	ing the	chan	ge.	ie Tea	acher	
BACKGROU	JND	INFO	RMAT:	ION													
Answer the followi the box below or of fact, in completion	on a s	eparate she	et of pape	er. Any fa	alsificatio	n or	delibera	te mis	repre	ques senta	tions ation,	1-6, p	rovide ding (a det omiss	ailed ion o	stater f a m	nent i ateria
□YES □NO	1.	Have you include c															
□YES □NO	2.	Do you c you? Th											rest p	endir	ng ag	ainst	
YES NO	3. Is there action pending to revoke or suspend a certificate or license issued to you by another jurisdiction? If "yes," list the agency, including complete address and telephone number as well as the purpose of the investigation or inquiry.																
YES NO	4.	includes	Have you ever had any adverse action taken on any certificate or license? (Adverse action includes letters of warning, reprimands, suspensions, revocations, voluntarily surrenders, or voidance).														
□YES □NO																	
□YES □NO	6.	Have you country.	ı ever be	en denie	ed certific	ation	? This \	would	includ	de an	y sta	ite, pr	ovinc	e, ter	ritor	y, and	d/or
If you answere additional space														: her	e. If	you	need
EMPLOYME Answer the ques		_		rent or p	otential e	emplo	yment	with a	publi	ic sch	nool c	listrict	in A	laska.			
□YES □NO		Are you cu district in								cont	tract	with a	a pub	lic sch	nool		
Alaska public	c sch	ool district	:						begir	nnina	cont	ract d	ate:				

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		ALASKI							
ETHNICITY	ı								
□ ALASKA NATIVE □ ASIAN OR PACIFIC ISLANDER □ AFRICAN AMERICA □ HISPANIC □ CAUCASIAN □ AMERICAN INDIAN NATIVE AMERICAN □ OTHER	cultural identification t	ALASKA NATIVE: Any person having origins in any of the original peoples of Alaska, and who maintai cultural identification through tribal affiliation or community recognition. This may include, for exany person of Yup'ik, Inupiat, Aleut, Athabascan, Tlingit, Haida, or Tsimshian origin.							
	Southeast Asia, the In	ASIAN OR PACIFIC ISLANDER: Any person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.							
	N/ Africa.	AFRICAN AMERICAN: (Not of Hispanic origin); any person having origins in any of the Black racial groups of Africa.							
	HISPANIC: Any person of	HISPANIC: Any person of Mexican, Puerto Rican, Cuban, Central American, or other Spanish culture or origin, regardless of race							
		CAUCASIAN: (Not of Hispanic origin); any person having origins in any of the original peoples of Europe, North Africa, or the Middle East.							
	America (not including	AMERICAN INDIAN/NATIVE AMERICAN: Any person having origins in any of the original peoples of North America (not including Alaska), and who maintains cultural identification through tribal affiliation or community recognition.							
TYPE OF CER	TIFICATE								
Please indicate the	type of certificate you current	tly hold.							
☐ Administrative Provisional (2-YEAR) ☐ Administrative Re-employment (1-YEAR)									
☐ Special Services Provisional (2-YEAR) ☐ Special Services Re-employment (1-YEAR)									
RECORD OF	TRAINING								
Certification Office.	of all academic work complete Official transcripts may be o scripts will not be accepte	pened, but not marked on							
List only those colled described above.	eges and universities where yo	ou complete your degrees,	your preparation program, a	nd the coursewor					
Degree(s) Earned	College or University	City, State	Major/Program	Dates Attended					

Degree(s) Earned	College or University	City, State	Major/Program	Dates Attended

MANDATORY TRIANINGS

You must have completed the four mandatory trainings within the five years prior to the date of application. In the table below, provide the name of the training provider and the date of completion for each of the mandatory trainings. You must provide supporting documentation with your application: e-Learning certificates, Mandatory Training Record Form, or transcripts with an approved class.

Mandatory Trainings	Training Provider (District or Organization)	Date Completed MM / DD / YY
Sexual abuse awareness and prevention		
Suicide awareness and prevention		
Alcohol or drug related disabilities		
Dating violence awareness and prevention		

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REQUESTED ENDORSEMENTS

List all requested endorsements, content or specialty area(s), and grade levels. Endorsements may be requested based on your Institutional Recommendation or State Recommendation. For School Psychology, the endorsement may be based on NASP certification. You may only request endorsement areas found on the "List of Endorsements" located on the last page of this application. Qualifying endorsements will only be granted if they have been <u>requested</u> in this section of the application.

CONTENT AREA	GRADE LEVEL(S)	CONTENT AREA	GRADE LEVEL(S)
(SAMPLE) School Psychologist I	K-8	2	
1		3	

FEE SCHEDULE & ONLINE PAYMENT CENTER

The certification fee is \$200.00. The background check fee is \$60.00. If you are required to provide a fingerprint card, submit a total of \$260.00. You may pay with a credit card via the EED Online Payment Center, cashier's check, or money order (payable to DEED). Fees are non-refundable. **Personal checks will not be accepted.**

If paid for via the Online Payment Center, you **must** include the EED Payment receipt with your application (https://education.alaska.gov/TeacherCertification/PaymentCenter).

CHECKLIST

The following items must be included with your application packet or be on file with the Teacher Certification Office. If any documents were submitted with a previous application, please email Teacher Certification at texebmail@alaska.gov to verify that it's still on file. If any item is missing and not already on file with our office, the entire application packet will be returned, unprocessed. Please confirm with each checkbox that each item is included or on file with the Teacher Certification Office.

☐ Complete Regular Certification Application

Make sure all sections of the application are complete. If any section is incomplete, all documents will be returned. The application must be mailed to the Teacher Certification office at the address below. Photocopies/faxes will not be accepted.

☐ Signature and Notarization

The 'NOTARIZATION' section of the application must be completed by all applicants.

A Notary Public or a Postmaster must witness and verify your signature with a signature and stamp/seal.

Certification Fees

The certification fee is \$200. The background processing fee is \$60. If you are required to submit a fingerprint card with your application, submit a total fee of \$260.00. You may pay with a, credit card via the EED Online Payment Center, cashier's check, money order (payable to EED). Fees are non-refundable. **Personal checks will not be accepted.**

☐ State Approved Program Verification Form

State Approved Program Verification Form must be included with the application or be on file with the Teacher Certification.

☐ Mandatory Training

Evidence of the completion of the four mandatory trainings during the five years prior to applying for certification. The following documents will be accepted as evidence:

- A record of training with signature of district superintendent or appointed designee or a dean of an accredited school of education;
- A certificate of completion of a training program approved by EED; or
- An official transcript showing the completion of a training course approved by EED.

The Mandatory Training Record Form is available at

https://education.alaska.gov/TeacherCertification/forms/Mandatory Training Record Form.pdf.

☐ Employment Verification

Verification of current employment in a certified position in a public school district in Alaska.

You may submit a letter from the employing school district office, a salary placement statement or a photocopy of your current contract as verification.

-OR-

Fingerprint Card

One (1) FBI fingerprint card (Form FD-258)

If you cannot obtain the fingerprint card locally, email <u>Teacher Certification</u> to request a card be sent to you.

If any section of the fingerprint card is incomplete, the entire application packet will be returned.

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 Official Transcripts Official transcripts of all academic work completed must be included with the application or on file with Teacher Certification. Official transcripts may be opened, but not marked on in any way. Unofficial, photocopied, faxed or electronic transcripts will not be accepted. 								
 Required Coursework Official transcripts showing the completing of the hours of approved Alaska multicultural coursework Unofficial, photocopied or faxed transcripts 	ork. <i>Official tra</i>	nscripts may be opened						
APPROVED Alaska studies coursework (Three (3)	semester hou	ırs)						
College or University	Course Number	er(s)	Completion Data					
APPROVED Alaska multicultural coursework (Three (3) semester hours)								
College or University	Course Number(s)		Completion Date					
NOTARIZATION								
STATE OF DATE(MONTH/DAY/Y	(EAR)	STATEMENTS MADE B	ALTY OF PERJURY THAT THE Y ME IN THIS APPLICATION ARE TRUE					
(NAME OF APPLICANT) APPEARED BEFORE ME WH	AND CORRECT TO THE BEST OF MY KNOWLEDGE. FURTHER, I ACKNOWLEDGE THAT I HAVE READ AND WILL ADHERE TO THE STATE OF ALASKA CODE OF ETHICS OF THE							
IDENTIFICATION I HAVE VERIFIED ON THE BASIS OF $$_{\overline{\mbox{(TYF)}}}$$	PE OF PHOTO ID)	EDUCATION PROFESSION. THIS BECOMES PART OF MY OFFICIAL RECORD.						
TO BE THE SIGNER OF THIS APPLICATION AND HE/SHE ACKNOWLEDGED THAT HE/SHE SIGNED IT.								
(SIGNATURE OF NOTARY)		SIGI	NATURE OF APPLICANT					
MY COMMISSION EXPIRES:								
IF A NOTARY IS NOT AVAILABLE, A POSTMASTER MA WITNESS, DATE STAMP AND SIGN THIS AFFIDAVIT.	AY		DATE					

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ADMINISTRATIVE ENDORSEMENTS

PRINCIPAL SUPERINTENDENT CURRICULUM ADMINISTRATION DIRECTOR OF VOCATIONAL EDUCATION DIRECTOR OF SPECIAL EDUCATION

SPECIAL SERVICES ENDORSEMENTS

SCHOOL COUNSELOR **GUIDANCE AND COUNSELING**

SCHOOL LIBRARIAN LIBRARY SCIENCE MEDIA SPECIALIST

SCHOOL NURSE **NURSING**

SCHOOL PSYCHOLOGIST SCHOOL PSYCHOMETRIST **EDUCATIONAL DIAGNOSTICIAN**

SCHOOL SOCIAL WORK

SPEECH/LANGUAGE PATHOLOGY SPEECH PATHOLOGY **AUDIOLOGY** SPEECH AND HEARING SPEECH THERAPY

OCCUPATIONAL THERAPY PHYSICAL THERAPY ORIENTATION AND MOBILITY

GRADE LEVELS

BIRTH - GRADE 3 GRADES K-3 GRADES 5-8 GRADES 7-10 GRADES 9-12 PRE K - GRADE 3 **GRADES K-5** GRADES 5-12 GRADES 7-12

PRE K - GRADE 12 **GRADES K-8**

GRADES K-12

Important Note: Other grade level combinations are available. Grade levels reflect the range of grades that your preparation program is approved to prepare you to teach.

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